PUBLIC HEALTH COMMITTEE PUBLIC HEARING March 20, 2013

H.B. No. 6391 AN ACT CONCERNING THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

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Senator Gerratana, Representative Johnson, and members of the Committee. Thank you for the opportunity to provide testimony in support of H.B. 6391, an act to remove the regulatory requirement of a mandatory collaborative practice agreement signed by a physician in order for an APRN to engage in the provision of advanced practice nursing.

My name is Kate Wheeler. I am a Professor of Nursing and Coordinator of the Psychiatric Nurse Practitioner program at the Fairfield University School of Nursing. Today I am representing the CT State Chapter of the APNA as the psychiatric-mental health representative to the CT APRN coalition. I have been an Advanced Practice Psychiatric Nurse and licensed in NY State since 1984 and then moved to Connecticut in 1992 where I set up a private psychiatric nursing practice. I have two national certifications as a psychiatric advanced practice nurse, the Adult Psychiatric Clinical Nurse Specialist and the Adult Psychiatric Nurse Practitioner. Either of these certifications qualifies one to practice as an advanced practice psychiatric nurse in the state of Connecticut. I also am certified in hypnosis, psychotherapy and psychoanalysis, and eye movement desensitization and reprocessing which is an evidence-based psychotherapy for posttraumatic stress disorder. I have a fully independent private practice out of my home where I see anywhere from 10-20 patients per week conducting psychotherapy and prescribing for my patients who need medication.

I get many calls from our alumni who are looking for a physician to collaborate with so they can meet the mandate of Connecticut law for prescriptive privileges because they cannot find a collaborating psychiatrist. Despite the very low incidence of lawsuits against nurse practitioners, there are very few physicians who are willing to increase their liability insurance and assume this responsibility. Physicians have also been discouraged from collaborating with APRNs by their professional organization because APRNs charge less and this has the potential to threaten the physicians' income. It is interesting that APRNs are allowed to practice in under-populated states independently such as Maine, New Hampshire, and Vermont but not in states where there are many psychiatrists. If APRNs are safe to prescribe in less populated states, why would they not be safe in a populous area? It is obvious the issue is not about safety but restraint of trade. Many psychiatrists in Connecticut are not on the insurance panels and charge high fees for their services, consequently many patients have been denied access to care.

There is only one psychiatrist that I know in my geographic area who is willing to sign a collaborative agreement with APRNs so I refer all my alumni and colleagues to him. He is a Jungian analyst who has a lucrative practice now full with my colleagues who pay his

\$200 an hour fee so they can prescribe. Some colleagues go to his office once a month, others every three months. He provides very little consultation about medication but does teach his APRN consultees about dreams, archetypes, and Jungian psychoanalysis which as a psychoanalyst myself, I find very interesting. However, when I need consultation on a patient about a medication issue, I call one of my advanced practice nurse colleagues who are knowledgeable. However, according to Connecticut law I am covered to prescribe since the psychiatrist has signed my collaborative form.

Our Scope and Standards of Practice for Psychiatric Mental Health Nursing requires Advanced Practice Nurses to collaborate. This does not need to be mandated by law. In reality, the law prevents us from using our full scope of practice and deprives the most vulnerable of patients' access to care. Because of the mandatory collaborative practice agreement in Connecticut, many APRNs are not allowed to practice to the full extent of their education and scope of practice. Please see the recommendations of the recent 2010 Institute of Medicine's recommendation on the Future of Nursing.

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